

AUG 27 2010

PTO/SB/07 (08-03)

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**ATTACHED:** - FEE TRANSMITTAL (PTO/SB/17), in duplicate;  
- RCE (PTO/SB/30), in duplicate; and  
- INFORMATION DISCLOSURE STATEMENT (PTO/SB/08a).

Serial No.: 10/087,002

Examiner: Heather Rae Jones

Art Unit: 2621

Docket No.: PU020019

**TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 6**

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AUG 27 2010

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
for FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

810.00

Complete If Known

Application Number	10/087,002
Filing Date	March 1, 2002
First Named Inventor	Ronald Lynn Blair
Examiner Name	Heather Rae Jones
Art Unit	2621
Attorney Docket No.	PU020019
Customer No.	24498

METHOD OF PAYMENT (check all that apply)

CUSTOMER NUMBER: 24498

☐ Check ☐ Credit card ☐ Money Order☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number 07-0832Deposit Account Name: THOMSON LICENSING LLC

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☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

## Total Claims

- or HP =

## Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

## Independent Claims

- or HP =

## Extra Claims

Fee (\$)

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): FEE FOR RCE

- \$810.00

Fees Paid (\$)

\$810.00

SUBMITTED BY

Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445
Signature	August 27, 2010				

This collection of information is required by 37 CFR 1.120. The information is required to obtain or retain a benefit by the public which is to be (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 135 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4816). <b>FEE TRANSMITTAL</b> for FY 2007 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete If Known Application Number <b>10/087,002</b> Filing Date <b>March 1, 2002</b> First Named Inventor <b>Ronald Lynn Blair</b> Examiner Name <b>Heather Rae Jones</b> Art Unit <b>2621</b> Attorney Docket No. <b>PU020019</b> Customer No. <b>24498</b>	
<b>TOTAL AMOUNT OF PAYMENT (\$)</b> <b>810.00</b>		<b>AUG 27 2010</b>	

<b>METHOD OF PAYMENT (check all that apply)</b> <b>CUSTOMER NUMBER: 24498</b> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number <b>07-0832</b> Deposit Account Name: <b>THOMSON LICENSING LLC</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2036.	
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<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
FILING FEES		SEARCH FEES		EXAMINATION FEES			
Application Type	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description				Small Entity			
Each claim over 20 (Including Reissues)				Fee (\$)	Fee (\$)		
Each independent claim over 3 (Including Reissues)				50	25		
Multiple dependant claims				200	100		
Total Claims				360	180		
Extra Claims				Multiple Dependent Claims			
- or HP = _____ x \$50 = \$				Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Independent Claims				Extra Claims			
- or HP = _____ x \$200 = 0							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x		_____	= _____		
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): FEE FOR RCE				- \$810.00			
				810.00			

<b>SUBMITTED BY</b>					
Name (Print/Type)	JORGE TONY VILLABON	Registration No. (Attorney/Agent)	52,322	Telephone	(609) 734-6445
Signature					August 27, 2010

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